



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
CSO DISCHARGE MONITORING REPORT (CSO DMR)**

State Form 50546 (9-01)

City:		Page:	1	of	
Facility:		Permit Number:			
Monitoring Period: (MM/DD/YY to MM/DD/YY)		Check box if no CSO discharge occurred for the month:	<input type="checkbox"/>		
Design Peak Inf. Flow (MGD):		Measured/Metered (M) or Estimated (E) must be specified. (Please attach methods used.)			

					CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	Day of Week	Precip. in Inches	Influent Flow (MGD)	Peak Infl. Flow Rate (MG)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:			n/a	n/a	n/a						n/a						n/a					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date